CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF C	ANDIDATE OR	COMMITTEE		
7-8-10	Fred R	Rees Sk:	illern		
2.b. IF COMMITTEE, NAME OF CANDIDATE				3. ELECTION DATE	
Fred Rees Skillern				5-4-10	
4.a. CAMPAIGN ADDRESS AND PHONE					
Street or Rural Route	City	PRESS.	State	Zip Code	Phone 332-3143
	ddy-Daisy	LE	TN	37379	332-3143
4.b. CANDIDATE'S HOME ADDRESS (if difference of Rural Route	ent than 4.a.) City		Obsta		
12198 Old Dayton Pike		nisv	State TN	Zip Code 37384	Phone 332-1335
OFFICE SOUGHT (include district number,			393535		
	571.00.000 9870 8874 8875 888			TREASURER (may be	candidate)
County Commission-Dis CATEGORY OR REPORT (Check one)	trict #1	K. (Glenn As	linger	
	П				
FIRST SECOND THIRD QUARTER QUARTER QUARTER	FOURTH	PRE-	PRE-	MID-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	R QUARTER	PRIMARY 8.b. ENDIN	GENERAL G DATE OF REPO	SUPPLEMENTAL PRTING PERIOD	SUPPLEMENTAL
4-25-10			30-10		
9. (Check one)					
a This campaign is exempt from data:	lod disclosure have	oo oont-ll		CW P V V	
 a. This campaign is exempt from detain tures total \$1,000 or less for this representation. 	orting period. (Com	se contribution plete items 12	is (including in-ki d., 12e, and 12f.	nd) received total \$1,00	00 or less AND expendi-
•			The state of the s		
 b. X This campaign is required to file a d and/or expenditures total more than 	\$1,000 for this repor	osure because ting period.	e contributions (in	ncluding in-kind) receiv	ed total more than \$1,000
10. I/we do solemnly swear or affirm that the	information containe	d in this camp	aign financial dis	sclosure report is true :	and that this report is an
accurate accounting of campaign contribu	tions and expenditure	es required to	be reported by th	e candidate committee	by the Compoien
Financial Disclosure Act. Additionally, I/w benefit of the candidate or for any other no	e swear or affirm that onpolitical purpose as	no campaign defined by the	contributions have	ve been expended for t	he personal financial
17 1 1 10 10	, pa.p.s.s	dominou by in	C TOUCHURGHIA	revenue code.	
tool K. Spillen	7-8-16	×	16 (-6)	All	7-8-16
signature of candidate	date	12	signature of	of political treasurer	date
				_	1000000
11. WITNESS SIGNATURE					
10	7 -		\searrow	F 1	2
V Cagame Carroll	1-8-10	7	Jenon	3 Oug	el 7-8-16
signature of witness	date		signa	ture of witness	date
12 SLIMMARY	3.00				
12. SUMMARY				/ 00/ 00	
a. BALANCE ON HAND LAST REPORT				\$ 4.004.09	
				F75 00	
b. TOTAL RECEIPTS THIS PERIOD		***************************************		s	
c. TOTAL DISBURSEMENTS THIS PERIOD	P			4.579.09	2
Second Market Control of Control		******************	***************************************		
d. BALANCE ON HAND (12.a. plus 12.b.	minus 12.c.)			······································	<u> </u>
e. TOTAL LOANS OUTSTANDING	1:1:1:1	**************************************			2.420.91
19	TEG D-	HH. 0105			<u>,</u>
f. TOTAL OBLIGATIONS OUTSTANDING	NOISSIMM	}-9			0
	- NOIL031	1		numa internacionalistis inciga, issuintintata Mod	Out 1
	OO MOITH	111			

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVE	ERING THE PERIOD
Fred Rees Skillern	FROM4-25-10	
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)		
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 75.00	
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>500.00</u>	_
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	\$0	
16. LOANS RECEIVED THIS REPORTING PERIOD	\$0	
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$ 0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		\$575.00
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage,	gasoline)
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
 \$		
Total of Expenditures (\$100 or less each payee)	\$0	
b. Itemized Expenditures (Over \$100 each payee this period)	\$0	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		s4.070.09
20. LOAN REPAYMENTS MADE THIS PERIOD		\$4,579.09
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		\$4,579.09
22.IN-KIND CONTRIBUTIONS		•
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	_
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	b.)	\$0
23. OBLIGATIONS		
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	m 12.f.)	\$



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

 NAME OF CANDIDATE OR COMMIT Fred Rees Skiller 			2. REPORT COVERING THE PERIOD FROM $4-25-10$ TO $6-30-10$				
	Amount						
3. TOTAL ITEMIZED CAMPAIGN CONTI					0		
4. COMPLETE THE APPROPRIATE ITEMS I			contributions totaling more than \$ Contribution Received For:	100 from any contribute			
First Name Benjamin	Middle Na R		# 2000 01		Amount of Contribution		
Last Name/Organization Name Probasco			Primary Election	General Election	\$500.00		
Address 2 Sumach Street			Runoff (Local Election	s Only)			
City	State T N	ZipCode 37350-113	Date of Contribution		Aggregate This Election		
Lookout Mt. TN 37350-113			5-18-10		\$500.00		
Employer							
11100101							
First Name	Middle N	ame	Contribution Received For	Contribution Received For:			
Last Name/Organization Name			Primary Election	General Election			
Addings							
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer							
	70.						
First Name	Middle Na	me	Contribution Received For		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	as Only)			
City	Ctata	T2:: 0. 4.		is Only)			
Oity	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation							
Employer	- west-						
First Name	Middle Na		Coatile time Device 15				
a white desired	I WIGGIE IV	ane	Contribution Received For:		Amount of Contribution		
Last Name/Organization Name			Primary Election	General Election			
Address			Runoff (Local Election	ns Only)			
City	State	Zip Code	Date of Contribution		Aggregate This Election		
Occupation					rent company - Pales comment WC		
Employer							
		14					
5. TOTAL ITEMIZED CONTRIBUTIONS							
(Carry forward to item 3. of next page if additional	al pages of this form	are used.)			\$500.00		

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

 NAME OF CANDIDATE OR COMMITT 	EE		6	2. REPORT COVERING THE PERIOD				
Fred Rees Skiller	n			FROM:-25-10	T06-30-10			
3. TOTAL ITEMIZED IN-KIND CONTRIBL	ITIONS FROM	A PRECEDING PA	GE (enter \$0 if first itemized page	۸	Amount			
4. COMPLETE THE APPROPRIATE ITEMS FO								
. COMPLETE THE AFFRORMATE HEWIS PO	T EACH TEW	IZED IN-KIND CONT		And the second of the second	ntributor during the period)			
First Name	Middle Na	ame	In-Kind Contribution Received Primary Election		Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address	60		Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution		•			
Occupation Empk	pyer							
First Name	rst Name Middle Name			d For:	Value of In-Kind Contribution			
Last Name/Organization Name			☐ Primary Election ☐ Runoff (Local Election					
Address			Date of In-Kind Contribution	**	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution		1			
Occupation Empk	oyer							
First Name	rst Name Middle Name			ed For:	Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election Runoff (Local Electio					
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	ř				
Occupation Empli	oyer							
First Name	Middle N	ame	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election ☐ Runoff (Local Election	General Election				
Address			Date of In-Kind Contribution	Total total security of the second security of the second				
City	State	Zip Code	Description of In-Kind Contribution	1	4			
Occupation Empl	oyer							
First Name	Middle Na	ame	In-Kind Contribution Receiv		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election [General Election				
Address			Date of In-Kind Contribution	yy	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	C.				
Occupation Emplo	oyer							
5. TOTAL ITEMIZED IN-KIND CONTRIE (Carry forward to item 3. of next page if additional	pages of this form				0			
(If this is the last page of in-kind contributions, thi SS-1128 (Rev. 2/06)	s amount must be	shown in item 22b. of su	mmary.)	ge4 of _7	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

	1. NAME OF CANDIDATE OR COMMITTEE						
Fred Rees Skillern	FROM 4-25-10	TO: 6-30-10 Amount					
3. TOTAL ITEMIZED CAMPAIGN EXPENDIT	PAGE (enter \$0 if first itemized page)	age)	Amount				
4. COMPLETE THE APPROPRIATE ITEMS FOR					Liod)		
First Name					Amount of Expenditure		
Last Name/Business Name			Purpose of Expenditure		- Income of Experionale		
Last Namerousiness Name							
Address							
City	State	Zip Code					
		Average and a second	V V V				
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
Address							
City	State	Zip Code					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
432 (433 90)							
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			-				
City	Ta	T-200					
City	State	Zip Code					
First Name							
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			-				
Cit		r.					
City	State	Zip Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name		**			, and an experience		
Edit Name Dismess Name							
Address			20 12				
City	State	Zip Code					
5. TOTAL ITEMIZED EXPENDITURES	1.5.55				0		
(Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount m	es of this form	are used.)			0		
(if and is the last page of experiorates, and amount in	out the allowing	mon 130. of summary.)					

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OF	R COMMITTEE						2. F	EPORT (COVERIN	NG THE PERIOD	
Fred Rees Skillern							FRC 4	FROM: 4-25-10 TO: 6-30-1			
3. COMPLETE THE APPROP	PRIATE ITEMS	FOR EACH I	TEMIZ	ED LOAN (loans totaling m	ore than \$100 fro	om any source o	luring the pe			
Complete the Following for the So	ource of the Loan										
First Name	Middle Na			Outstanding L (Beginning o				Loan Payments		Outstanding Loan Balance (End of Period)	
Last Name/Organization Name											
Address				Loan Receive	5051107550 			Date of Loa	<u>I</u> en		
City	State	Zip Code		☐ Primary Election ☐ General Elections Only)		ection					
	List All Endo	rsers or Guara	antors fo	or Above Loa	n (If more spa	ce is needed p	lease attach	a page)			
First Name		Middle Name			First Name				Middle N	Name	
Last Name/Organization Name					Last Name/Org	ganization Name	8		1		
Address					Address						
City	VIII	State	Zip Ca	ode	City			-	State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	nteed Outstandin	ng				
First Name	First Name Middle Name				First Name Middle Name					Name	
Last Name/Organization Name					Last Name/Or	ganization Name					
Address					Address						
City		State	Zip Ci	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding					Amount Guara	inteed Outstandin	ng				
First Name		Middle Name	9		First Name				Middle	Name	
Last Name/Organization Name					Last Name/On	ganization Name					
Address					Address						
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding		-	<u> </u>		Amount Guara	anteed Outstandin	ng				
First Name		Middle Name	9		First Name				Middle	Name	
Last Name/Organization Name			Last Name/Organization Name								
Address					Address				-		
City		State	Zip C	ode	City				State	Zip Code	
Amount Guaranteed Outstanding					Amount Guara	anteed Outstandin	ng				
4. Totals for all Loans (comple	te on last page o	of itemized loa	ans)		Outstanding L		Loans		an	Outstanding Loan Balance	
(Total loan payments should also be	(Total loans received should also be shown in item 16. on summary page.) (Total loan payments should also be shown in item 20. on summary page.) (Total outstanding loan balance should also be shown in item 12.e. on front page.)				\$7,0	00.00	Received		579 .	(End of Period) 09 0	
(P)								1			

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD				
Fred Rees Skillern		FROM: 4-25		30-10					
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)			
First Name	Middle Name								
Last Name/Business Name									
Address									
City	State	Zip Code							
Description of Obligation									
First Name	Middle Na	ame							
Last Name/Business Name		Management of the second	*						
Address									
City	State	Zip Code							
Description of Obligation									
First Name	Middle No	amo.	7						
Last Name/Business Name									
Last Name/business Name									
Address									
City	State	Zip Code							
Description of Obligation					,				
First Name	Middle Na	ame							
Last Name/Business Name			-						
Address			_		-				
City	State	Zip Code							
Description of Obligation		1		L					
First Name	Middle Na	ame							
Last Name/Business Name									
Address									
City	State	Zip Code							
Description of Obligation	10072070	1							
TOTALS (Total from Outstanding Balance - (End of Period)	column mu	st also be shown			0.00				
in item 23b. on summary page.)	0	0	0	0					